



FLORIDA ASTHMA-FRIENDLY HOSPITALS

2017 APPLICATION GUIDE

**A Guide to Help Florida Hospitals Achieve
The Asthma-Friendly Hospital Recognition**

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INTRODUCTION: BACKGROUND AND PURPOSE

The epidemic of asthma has become one of the most critical public health threats for Florida. Asthma is a chronic (long-term) lung disease that inflames and narrows the airways causing recurring attacks of symptoms, such as wheezing and coughing. Inflammation makes the airways sensitive to various allergens and irritants in the environment, including mold, dust mites, animal dander, pollen, diesel emissions and tobacco smoke. Asthma impacts individuals in many different ways, including health care costs associated with treatment and medication, long-term management, and indirect cost incurred by time lost from school and work that affects the economic future of the state, as well as the financial and emotional impact on patients and their families. For Floridians with asthma, the influence and steps taken by local hospitals can help to significantly reduce the number of unnecessary hospital visits and improve overall health outcomes.

Three Reasons to Improve Asthma Management at Your Hospital:

1. Reduce health risks of asthma in patients (prevent exacerbations, minimize need for emergency care or hospitalization, prevent loss of lung function, or for children, prevent reduced lung growth, have minimal or no adverse effects of therapy).¹
2. Prevent recurrent exacerbations of asthma and minimize the need for Emergency Department Visits or hospitalizations.
3. Reduce repeat Emergency Department Visits and hospitalizations for acute severe asthma exacerbations

¹ <http://www.nhlbi.nih.gov/files/docs/guidelines/asthsumm.pdf>

While understanding of asthma and its triggers has increased substantially in recent years, asthma rates and healthcare and health service utilization have increased over the last decade. Asthma is a leading cause of preventable hospitalizations, school absenteeism and work-related lung disease in Florida. 1 in 4 adults and 1 in 4 children with current asthma missed one or more days of work or school during the past year because of asthma symptoms.² In addition, asthma incurs high costs, in terms of the costs of care, lost workdays and productivity, and lower quality of life for persons with asthma and their families. Pollutants in the air, such as cigarette smoke, dust mite, molds, cockroach allergens, pet dander and particulate matter can trigger asthma symptoms. In addition, occupational, or workplace, exposure to certain chemicals, toxins, allergens or dust can cause an onset of asthma and its symptoms.

Demographic Profile

- Florida is the third most populous state in the nation. The mid-year estimate for Florida's population in 2014 was 19.9 million. By 2020, Florida's population is expected to increase to 21,149,697.³
- In 2014, Non-Whites comprised of roughly 22% of Florida's population.
- Florida is home to an estimated one million children under the age of 5 and more than three million children between the ages of 5 and 19.
- Children ages 19 and under account for more than 25% of the state's total population.⁴
- Florida's adult population includes more than 6 million individuals aged 55 and older accounting for almost one-third (31.2%) of the state's total population.⁵

Asthma Status Profile

- Approximately 1 in 10 children and 1 in 12 adults in Florida have current asthma.⁶
- Recent Florida data show that approximately 557,000 children under age 18 and 2,000,000 adults have been told they had asthma at some point in their lives.⁷
- The rates of asthma have increased dramatically over the last thirty years in all populations in Florida. Recent Florida data show that approximately 557,000 children under age 18 and 2,000,000 adults have been told they had asthma at some point in their lives.⁸ Non-Hispanic Black, Hispanic and low-income populations bear a disproportionate share of the burden of asthma. Additionally, asthma is the most common chronic (long-term) illness among children.
- Non-Hispanic Black Floridians had the highest ED visit (129.4 per 10,000) and hospitalization rates. For comparison, the rate of ED visits among Hispanics (55.4 per 10,000), non-Hispanic whites (34.1 per 10,000) and other groups (33.5 per 10,000) were less than half the rate of non-Hispanic black Floridians in 2012.⁹

² Burden of Asthma in Florida, 2013

³ Florida Office of Economic & Demographic Research, 2014

⁴ U.S. Census Bureau, American Community Survey Estimates, 2014

⁵ U.S. Census Bureau, American Community Survey Estimates, 2014

⁶ Burden of Asthma in Florida, 2013

⁷ Florida Behavioral Risk Factor Surveillance System, 2013

⁸ Florida Behavioral Risk Factor Surveillance System, 2013

⁹ Burden of Asthma in Florida, 2013

- Asthma is the most common chronic (long-term) illness among children.
- Asthma mortality rates are highest among individuals over the age of 55, accounting for approximately 57% of deaths due to asthma from 2009-2013.¹⁰
- In 2014, there were 105,421 reported emergency department visits and 28,014 reported hospitalizations related to asthma in Florida. In Florida, the age-adjusted rate of asthma emergency department visits has increased from 42.46 per 10,000 in 2005 to 53.93 per 10,000 in 2014, whereas the age-adjusted rate of asthma hospitalizations has decreased from 15.52 per 10,000 in 2005 to 14.34 per 10,000 in 2014.

¹⁰ Florida Department of Health, Bureau of Vital Statistics, 2013

THE EVIDENCE BASE FOR CLINICAL MANAGEMENT AND NATIONAL GUIDELINES FOR HOSPITAL ASTHMA MANAGEMENT

When undertaking efforts to improve existing practices or establish new initiatives, hospitals must consider the effectiveness of the proposed effort in the context of available resources, and other critical factors. Therefore, a brief description of the clinical evidence base for asthma management and an overview of the national guidelines for hospital-based asthma management are presented below.

Evidence-based guidance for asthma management from a clinical perspective is found in the *Expert Panel Report 3 (EPR-3) Summary Report 2007: Guidelines for the Diagnosis and Management of Asthma*.¹¹ These guidelines, developed by the National Asthma Education and Prevention Program (NAEPP), define four evidence-based components of asthma care.

1. Assessing and monitoring asthma severity and asthma control
2. Education for a partnership in care
3. Control of environmental factors and co-morbid conditions that affect asthma
4. Medications

The importance of clinical partners, communities, and families working together to enable individuals with asthma to effectively manage their disease is highlighted in each component. According to the guidelines, “patients who have had exacerbations requiring emergency department (ED) visits, hospitalization, or intensive care unit (ICU) admission, especially in the past year, have a great risk of exacerbations in the future (Adams et al. 2000; Eisner et al. 2001; Lieu et al. 1998).¹²

Specific guidance for asthma management for providers and hospitals has been refined over the years based on evaluation findings and through collaboration between the Department of Health and Human Services, Lung and Blood Institute. The NAEPP, coordinated by the National Heart, Lung and Blood Institute (NHLBI), released the *Asthma Care Quick Reference Guide* in 2002. This guide assist clinicians and hospitals in providing quality care to people who have asthma.

Building on these resources and findings, the Florida Asthma Coalition (FAC) has developed this comprehensive *Asthma-Friendly Hospitals (AFH) Guide*. The AFH Guide provides approaches that can and should be customized depending on local variables, priorities, and current situations.

¹¹ Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma Summary Report. National Asthma Education and Prevention Program, 2007. Available online at: <http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.pdf>

¹² Patients who have had exacerbations requiring emergency department (ED) visits, hospitalization, or intensive care unit (ICU) admission, especially in the past year, have a great risk of exacerbations in the future (Adams et al. 2000; Eisner et al. 2001; Lieu et al. 1998).

Available online at: <http://www.nhlbi.nih.gov/files/docs/guidelines/asthqdln.pdf>

WHAT'S IN IT FOR OUR HOSPITALS?

In addition to reducing the statewide burden of asthma, a hospital can benefit in several ways. First, hospitals with an effective and systematic approach to asthma management will allow patients with asthma to monitor and control of their disease. Secondly, evidence supports a reduction in hospitalizations and Emergency Department visits for those hospitals who have comprehensive asthma management programs, which in turn, helps to reduce the burden of asthma. Thirdly, the hospital will receive recognition from the Florida Asthma Coalition and its partners in the following ways:

- Awarded hospitals will receive a certificate from the Florida Asthma Coalition recognizing the hospital for its achievements. The certificate will be presented to the hospital by a member of the Florida Asthma Coalition and/or local partners. The award certificate may be presented during an existing hospital event or at another time agreed upon by the hospital administration.
- Awarded hospitals will be listed on the Florida Asthma Coalition's website along with the date of their award. Press releases can be coordinated if desired.
- Awarded hospitals will also receive a logo to be advertised as they deem appropriate to share their status as an Asthma-Friendly Hospital recognized by the Florida Asthma Coalition.

ASTHMA-FRIENDLY HOSPITAL RECOGNITION CRITERIA

The Florida Asthma Coalition (FAC) is committed to improving asthma outcomes with a sector specific focus on hospitals to:

- reduce emergency room visits;
- reduce asthma-related inpatient admissions;
- reduce the health risks of asthma patients;
- prevent recurrent exacerbations of asthma;
- reduce the number of missed days from school/work;
- improve the patient's lung function; and
- Increase the patient and family knowledge of asthma control and management.

While the understanding of asthma and appropriate asthma management methods has increased in recent years, the morbidity and mortality associated with this chronic condition continue to pose as a threat and a major public health issue in Florida. To address this issue, FAC established a voluntary recognition targeting hospitals who serve clients with asthma to enhance the delivery of services and management of care of asthmatic clients at hospitals. Specific strategies seek to increase asthma education so that patients become partners in their own care, effectively manage asthma with medication and control exposure to factors that trigger asthma episodes.

Coalition partners, including the Florida Department of Health, American Lung Association in Florida, Health Council of Southeast Florida, and Nicklaus Children's Hospital, have defined criterion and activities for hospitals to implement and achieve for recognition. Hospitals that meet all five criteria will be recognized and given an Asthma-Friendly Hospital certificate from the Florida Asthma Coalition for their progress toward improving asthma management and overall health outcomes of children and families affected by asthma.

The Florida Asthma Coalition (FAC) is committed to improving asthma outcomes with a sector specific focus on hospitals to help: reduce emergency room visits, reduce asthma-related inpatient admissions, reduce the number of missed days from school, improve the patient's lung function and increase the patient and family knowledge of asthma control and management. While understanding of asthma and appropriate asthma management methods has increased in recent years, the morbidity and mortality associated with this chronic condition continue to pose as a major public health issue in Florida. Although new and better treatments for asthma become available, the latest information on these new treatments often is not communicated effectively to patients. To address this issue, FAC has targeted hospitals, health professionals and patients with asthma to assist in this statewide initiative with the overarching goal to create collaborations and improve communication between patients and health care providers. Specific strategies seek to increase asthma education so that patients become partners in their own care, effectively manage asthma with medication, and control exposure to factors that trigger asthma episodes.

FAC established a voluntary recognition opportunity to acknowledge hospitals with exceptional asthma management programs. Coalition partners, including the Florida Department of Health, American Lung Association in Florida, Health Council of Southeast Florida and Nicklaus Children's Hospital, defined five criteria for Hospitals to complete to achieve Asthma-Friendly recognition. A summary of the criteria for the award is provided below:

ASTHMA-FRIENDLY HOSPITAL RECOGNITION

1. **Nurse and Respiratory Therapists Training:** Nurses and respiratory therapists who work with individuals with asthma participate in the AAFA Asthma Management Training.
 - All hospital staff that compose the Asthma Team for the facility are required to complete *at least one* of these trainings within 24 months of the facility applying for recognition. The Asthma Team must include at least 5 staff members. Training certificates must be submitted with application.
2. **Physician Training:** Physicians who work with individuals with asthma participate in the Physician Asthma Care Education (PACE) program
 - Hospitals are required to offer a PACE training at least once every 24 months, and within 24 months of applying for Asthma-Friendly Hospital recognition.
3. **Asthma Action Plans:** All individuals with an admitting diagnosis of asthma receive an Asthma Action Plan and are provided with instructions on how to comply with the plan.
 - Required and suggested criteria to include, as well as templates, available in Criterion 3 section
4. **Self-Management Education:** All individuals with an admitting diagnosis of asthma are provided with or referred to self-management education that meets the EPR-3 Guidelines recommendations.
5. **Multi-Component Home Based Asthma Education:** Individuals with severe, persistent asthma are provided with information about, or referred to, multi-component home based asthma management education.

HOW TO USE THIS APPLICATION GUIDE

This guide was specifically developed to support hospitals in improving asthma management practices, reducing the asthma burden statewide and achieving the Florida Asthma Coalition's Asthma Friendly Hospitals Recognition Award. Detailed information on how to achieve all criterion, as well as, resources to achieve recognition, is included in this guide. The criteria needed to achieve Asthma-Friendly Hospital recognition are discussed individually and applicable resources are provided for each criterion to assist hospitals in achieving the Florida Asthma Coalition's Asthma Friendly Hospitals Recognition Award.

Resources related to each criterion are tailored to hospitals and their patients. Resources needed to achieve the criteria are highlighted in gray in order to distinguish them from the other more general resources. Additional resources can be found at www.floridaasthmacoalition.com. Resources include asthma action plans, educational materials, trainings, workshops, etc. and can be found in multiple forms of media and languages.

The intention of this guide is not to replace other toolkits and resources available to assist hospitals in asthma management and training, but rather to aid hospitals in using existing resources to successfully implement robust asthma management programs and achieve recognition for their hard work and efforts in improving the health of Florida residents. This guide also serves the purpose of engaging a broad spectrum of hospital staff and administrators, as well as, creating partnerships for the improvement of asthma management.

This guide is considered a 'living document' to allow for the addition of new and refined resources as they become available. If you identify a useful resource that is not already included, please contribute to this guide by e-mailing the link to the materials to the following e-mail address: FLAsthmaCoalition@gmail.com. Please note: Links to the full text of materials from outside organizations are included as resources throughout this guide and are available on the Florida Asthma Coalition website at www.floridaasthmacoalition.com. While we provide these links for your convenience and use, their content does not necessarily reflect the views, opinions or positions of the Florida Asthma Coalition or participating partners and members.

Getting Started

This section includes guidance for completing each criterion for a hospital to be awarded. The criterion are listed in order; each criterion builds on the previous ones, to encourage sustained implementation and ongoing improvement. Hospitals must meet all five criterion to be achieve recognition and be awarded.

Hospitals should apply for recognition as soon as all criterion have been completed. **Applications will be accepted on a rolling basis.** Awards will be distributed to hospitals when they achieve recognition. In May, coinciding with the National Asthma & Allergy Awareness Month, all facilities who have been recognized will be announced through a marketing campaign. Certificates of recognition are applicable for two years and must be renewed the year they expire. Applying for recognition is simple using the Asthma-Friendly Hospitals Recognition Application. Additional information about the application process is provided in the section, called “Applying for Recognition”, page 20.

CRITERION 1: PROFESSIONAL DEVELOPMENT FOR HOSPITAL NURSES AND RESPIRATORY THERAPISTS ON ASTHMA MANAGEMENT

To achieve criterion number 1, hospital nurses and respiratory therapists need to have participated in a recommended asthma education program (free online trainings listed below) that aligns with their background, role, and skill sets within the past 24 months.

Hospital nurses and respiratory therapists have a special role in asthma management and in the health system by providing care to patients, as well as, providing support and education to those around them on asthma management. Education should be an integral part of all interactions with hospital nurses and respiratory therapists and hospital patients affected with asthma. To support hospital nurses and respiratory therapists in their important role, they should be given professional development opportunities that are appropriate to their training and skill sets.

It is recommended that hospital nurses and respiratory therapist complete both FREE trainings listed below. However, staff are required to complete one.

- A. The *Asthma Management and Education On-line Training* from the Asthma and Allergy Foundation of America's (AAFA) is a recommended training for nurses because it is an interactive web-based course structured around the National Heart, Lung, and Blood Institute's "Four Components of Asthma Management." This **FREE** program consists of 12 self-paced study modules and has been approved for 7 CE hours for nurses and 7 CRCE hours for respiratory therapists. The training includes information on:
 - i. Assessment and monitoring
 - ii. Control of environmental factors
 - iii. Pharmacologic management
 - iv. Patient education

- B. **Optional:** Certified Asthma Educator (AE-C®) through the National Asthma Educator Certification Board at https://www.naecb.com/get_certified.php

To receive recognition, all hospital staff that compose the Asthma Team for the facility are required to complete *at least one* of these trainings within 24 months of the facility applying for recognition. The Asthma Team must include at least 5 staff members. Training certificates must be submitted with application.

Follow the instructions below to access the Asthma Management and Education On-line (AME-O) Training

1. Go to www.aafa.org and click the "Programs" tab at the top of the page.
2. Next select "Programs for Healthcare Professionals" from the program menu bar.
3. The first option is the "*Continuing Education for Health Care Professionals.*" Click "More >>" to go to the program's main webpage for step by-step instructions to register and how to get your CE certificate.
4. When registering for the course, be sure to enter **AAFA** as the organization code and **FL-DOH** as the group code.

You can also download this instructional flyer to share with your colleagues or for future reference:

http://www.aafa.org/media/Asthma_Management_and_Education_Online_112816%20final.pdf

Resources

- **Agency for Healthcare Research and Quality: Asthma Care Quality Improvement (AHRQ): A Resource Guide and Workbook for State Action**
The Agency for Healthcare Research and Quality (AHRQ) has developed Asthma Care Quality Improvement: A Resource Guide for State Action and its companion workbook, Asthma Care Quality Improvement: A Workbook for State Action. These materials were designed in partnership with the Council of State Governments to help States assess the quality of asthma care and create quality improvement strategies.
<http://www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/nhqr02/asthwork.pdf>
- **Asthma and Allergy Foundation of America - Education Programs for teaching patients**
Asthma and Allergy Foundation of America (AAFA) offers many patient education programs for all ages in English and Spanish, including Wee Breathers, an interactive program for health professionals who teach parents of young children about managing asthma.
<http://www.aafa.org/page/asthma-allergy-education-programs-teach-patients.aspx>
- **Asthma Educator Certification**
The National Asthma Educator Certification Board (NAECB) exam is a voluntary testing program used to assess qualified health professionals knowledge in asthma education. It is an evaluative process that demonstrates that rigorous education and experience requirements have been met.
<https://www.naecb.com/>
- **Joint Commission Asthma Certification**
The Joint Commissions Disease-Specific Care Certification Program is designed to evaluate clinical programs across the continuum of care. This includes but is not limited to hospitals, long term care facilities, home care organizations, health plans, physician groups, and disease management companies.
http://www.jointcommission.org/certification/certification_main.aspx
- **NAEPP Guidelines for the Diagnosis and Management of Asthma (EPR-3)**
The National Asthma Education and Prevention Program (NAEPP), coordinated by the National Heart, Lung, and Blood Institute (NHLBI), convened an expert panel in 2007 to complete a systematic review of the published medical literature and to update the asthma guidelines to reflect the latest scientific advances. This document provides new guidance for selecting treatment based on a patient's individual needs and level of asthma control. The guidelines emphasize that while asthma can be controlled, the condition can change over time and differs among individuals and by age groups, emphasizing the importance of regularly monitoring the patient's level of asthma control and adjusting treatment as needed.
<http://www.nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf>

CRITERION 2: PROFESSIONAL DEVELOPMENT FOR HOSPITAL PHYSICIANS ON ASTHMA MANAGEMENT

Hospitals play a vital role in asthma management. This criterion will require primary care providers to participate in training to improve their management of patients with asthma, including patient education, medication use, and the need for emergency care. Recent studies support the conclusion that asthma management programs reduce expenditures and patients of physicians who participated in another asthma education program were less likely to be admitted to an emergency room (ER) or a hospital to treat their asthma, than patients whose physicians did not participate (Brown et al., 2004).¹³ Below are steps needed to support hospital physicians in their important role; the professional development opportunities are geared towards promoting continued professional training, enhancing the skill sets of primary care providers, and improving physician-to-patient communication.

- A. The Physician Asthma Care Education (PACE) program is a two-part interactive, multi-media educational seminar to improve physician awareness, ability, and use of communication and therapeutic techniques for reducing the effects of asthma on children and their families. PACE also provides instruction on how to document, code, and improve asthma counseling reimbursement.
 - i. Physicians who participated in PACE spent no more time with their patients than other physicians but were more likely to:
 - Inquire about patients' concerns
 - Encourage physical activity
 - Set goals for treatment
 - ii. Patients of participating physicians had:
 - Fewer days affected by asthma symptoms
 - Fewer emergency room visits
- B. Program Overview Session 1
 - i. Segment 1: Clinical Aspects of Asthma and the Long-Term Treatment Plan
 - ii. Segment 2: Communication Strategies

To receive recognition, Hospitals must offer a PACE training at least once every 24 months, and within 24 months of applying for recognition. To validate training has taken place, training sign-in sheets must be included with application submission.

Follow the instructions below to access the PACE Asthma Management and Education Training

1. Go to www.nhlbi.nih.gov and click the "Health Professionals" tab at the top of the page, then click the Resources drop down option.
2. Next select "[Physician Asthma Care Education \(PACE\)](#)" from the Asthma website section.
3. Follow the listings in the Physician Asthma Care Education (PACE). Click "Curriculum" to go to the program's main webpage for the curriculum overview and a step by-step instructions to get started and how.

¹³ Brown R, Bratton SL, Cabana MD, et al. Physician asthma education program improves outcomes for children of low-income families. Chest. 2004;126(2):369-374.

Resources

➤ **PACE Training Manual and Speaker's Guide**

Complete instructions on how to deliver the PACE curriculum, including a detailed program overview, suggested scripts, contact list of Master Trainers, and helpful advice for conducting a seminar.

<https://www.nhlbi.nih.gov/health-pro/resources/lung/physician-asthma-care-education/resources-for-pace-seminar.htm>

➤ **PACE Training Program Overview**

The program offers PowerPoint presentation slides providing a detailed explanation of the various components of the program, which includes information on both training sessions.

<https://www.nhlbi.nih.gov/health-pro/resources/lung/physician-asthma-care-education/resources-for-pace-seminar.htm>

➤ **PACE Training Videos**

PACE training program videos should be played for participants during the sessions, there are four videos that demonstrate communication techniques and the basic messages for patients and their families.

<https://www.nhlbi.nih.gov/health-pro/resources/lung/physician-asthma-care-education/resources-for-pace-seminar.htm>

CRITERION 3: ASTHMA ACTION PLANS

Asthma Action Plans are an essential part of the plan of care provided to patients with asthma. A formulated Asthma Action Plan involved the patient directly in their treatment plan by allowing clinicians and patients to work together to form clear instructions on managing their asthma and identifying symptoms. Written Asthma Action Plans should be provided to all patients, especially those with current or history of moderate or severe persistent asthma, a history of severe exacerbations or poorly controlled asthma.

To achieve this criterion, hospitals must provide all patients with an admitted diagnosis of asthma with a written asthma action plan that includes all items listed below. A copy of the Asthma Action Plan template being utilized along with a policy or protocol for its distribution must be submitted with the application.

- Daily management and control of asthma
- Recognition and treatment of worsening/severe asthma
- What medicine to take daily, including the specific names of the medications
- What signs, symptoms indicate worsening asthma
- What medications to take in response to worsening signs and symptoms of asthma
- What signs, symptoms indicate the need for urgent medical attention
- Emergency contact information for physicians, Emergency Department and persons/services to transport the patient to the appropriate level of care

Below are other suggested elements to include in an Asthma Action Plan:

- What actions to take to control environmental factors/triggers that worsen the patient's asthma
- What Peak Expiratory Flow (PEF) measurements indicate worsening asthma
- What Peak Expiratory Flow (PEF) indicate the need for urgent medical attention

Asthma Action Plans should be reviewed, refined and reinforced at subsequent follow-up visits. A well-developed, written Asthma Action Plan can be used as a tool to help patients monitor and control their asthma. Sample Asthma Action Plans in multiple languages are available using the website links below.

Resources

➤ **Regional Asthma Management & Prevention: Asthma Action Plans**

In response to the release of the EPR-3 Guidelines in 2007, Regional Asthma Management & Prevention, developed an Asthma Action Plan for all age groups, available in English, Spanish, Chinese and Vietnamese, which can be found on their website using the link below.

<http://www.rampasthma.org/info-resources/asthma-action-plans>

➤ **American Lung Association: Asthma Action Plans**

Additionally, the American Lung Association developed an Asthma Action Plan, available in English and Spanish, through the Florida Department of Health website. The Asthma Action Plan can be found using the link below:

<http://www.floridahealth.gov/diseases-and-conditions/asthma/ documents/afcc-appendix-a.pdf>

CRITERION 4. SELF-MANAGEMENT EDUCATION

Asthma self-management education is critical to provide patients with the skills necessary to control their asthma and improve asthma-related outcomes and reduce the burden of asthma. Hospitals and Emergency Departments are key points where health professionals have the opportunity to interact with patients who have asthma and provide self-management education. Evidence supports targeted and reinforced patient education at the Emergency Department and Hospital Inpatient settings with specific emphasis on providing an asthma discharge plan to patients. Moreover, self-management should be tailored to the needs of each patient with sensitivity to cultural beliefs and practices. The benefits of the self-management education include a reduction in emergency department visits and hospitalizations, along with a reduction in costs associated with asthma, and improved health status of the patient.

To meet criterion 4, the hospital must ensure that all patients with an admitting diagnosis of asthma are provided with or referred to self-management education that meet the following EPR-3 Guidelines recommendations for adults and children discharged from Emergency Departments of Hospital Inpatient settings listed below. Hospitals must submit a copy of their policy, curriculum, and materials given to patients with application submission.

- Before patients are discharged from the hospital for asthma exacerbations, self-management education is given
- At the time of discharge, clinicians give patients focused asthma education with a discharge plan with instructions for patients and family members on how to use the plan
- Before patients are discharged home, inhaler techniques are assessed for all prescribed medications and the correct techniques are reinforced
- At the time of discharge, patients are referred for follow-up asthma care with either an asthma specialist or a primary care provider within 1-4 weeks

Providing basic and reinforced asthma education can encourage adherence to a treatment regimen and reduce repeat Emergency Department Visits and hospitalizations for acute severe asthma exacerbations. Additional resources and educational materials can be found by visiting the Florida Asthma Coalition Healthcare Provider webpage at <http://floridaasthmacoalition.com/healthcare-providers/>.

Resources

➤ **Asthma Inhaler Videos**

Asthma can be controlled and asthma attacks can be avoided by taking medications as prescribed by the provider. The videos and documents provided on the link below demonstrate how to properly use inhalers. <http://floridaasthmacoalition.com/healthcare-providers/asthma-inhaler-videos/>

➤ **Mobile Asthma Apps**

Asthma management apps are available for various age groups, the purpose of the apps is to assist individuals with asthma in managing their asthma by using monitoring and measurement tools. <http://floridaasthmacoalition.com/caregivers/mobile-asthma-apps/>

CRITERION 5: MULTI-COMPONENT HOME BASED ASTHMA EDUCATION

The purpose of criterion five is to increase the number of personal asthma management plans for individuals with asthma to improve asthma outcomes. The overarching goal is to ensure that individuals with asthma are provided or referred to multi-component home based asthma management. This criterion promotes self-sufficiency and empowers patients to take control of their asthma by recognizing early signs of worsening asthma, before symptoms occur. Mild attacks can be treated at home if the patient is prepared and has a personal asthma management plan that includes action steps.¹⁴

Multicomponent home-based interventions for individuals with asthma aims to improve asthma self-management and reduce the exposure to multiple indoor asthma triggers. The home-based interventions involve home visits by trained personnel and an assessment of the home environment, the home-based visit will also consist of:

- Education about the home environment
- Recommendations to change the indoor home environment to reduce exposure to asthma triggers

To meet criterion 5, the hospital must ensure that all patients with severe, persistent asthma are provided with information about, or referred to, multi-component home based asthma management education.

To achieve recognition, hospitals must submit their protocol for referring patients (if applicable) with their application submission. If there is not a program available to refer patients, hospitals are required to distribute the *Home Visiting Recommended Criteria* document (see resources) to all patients with severe, persistent asthma.

When multi-component home based asthma management education is available, it should include the following:

- Before patients are discharged from the hospital for asthma exacerbations, home-based asthma education is given or referred
- Before patients are discharged home, inhaler techniques are assessed for all prescribed medications and the correct techniques are reinforced
- Patients must be provided or referred to receive multifaceted allergen education and control interventions delivered in the home setting.
- Home assessments to identify and avoid environmental exposures that worsen the patient's asthma, such as allergens, irritants and tobacco smoke

Providing or referring patients to receive multi-component home based asthma education can significantly reduce repeat Emergency Department Visits and hospitalizations for acute severe asthma exacerbations. Educational materials and additional resources can be found by visiting the Florida Asthma Coalition Healthcare Provider webpage at <http://floridaasthmacoalition.com/healthcare-providers/>.

¹⁴ http://www.ginasthma.org/local/uploads/files/GINApocket04clean2_1.pdf

Resources

➤ **Asthma Home Visiting Recommended Criteria**

These recommended criteria were created by the Florida Asthma Coalition's Home Visiting Workgroup and can be used as a reliable tool and resource for health care professionals during Home Visits. Information about allergens and irritants, asthma education for caregivers, home visit resources and supplies, an 'Asthma Home Environment Checklist' and, information about toxic stress are all included in this easy to read document.

<http://floridaasthmacoalition.com/flasthma/assets/File/Asthma%20Home%20Visit%20rec%20criteria%20FINAL.pdf>

➤ **Environmental Protection Agency: Asthma Home Environment Checklist**

The EPA's asthma home environment checklist guides individuals with asthma and home care visitors in identifying environmental asthma triggers most commonly found in homes. It includes sections on the building, home interior and room interior and provides low-cost action steps for remediation.

<http://www.epa.gov/asthma/asthma-home-environment-checklist>

➤ **Refer to the Community Health Worker Coalition (CHWC) to find, or start, a program in your area**

Dr. Lisa Hamilton, Co-President
(850) 888-2495

Brendaly Rodriguez, Co-President
(305) 243-8433
brodriguez@med.miami.edu

APPLYING FOR RECOGNITION

Seeking recognition is easy once asthma management processes are in place! The application can be downloaded here: <http://floridaasthmacoalition.com/healthcare-providers/>.

Applicants must provide the information as requested on the application and the hospital administrator must provide his or her signature where indicated for verification. A copy of the hospital's asthma patient discharge policies and procedure are required. Once the application is complete, submit a scanned version and the necessary attachments to FLAsthmaCoalition@gmail.com.

Your application will be reviewed by members of the Florida Asthma Coalition and you may be contacted to answer additional questions about your activities. Once the application is approved a certificate will be presented and your hospital will be listed on the Florida Asthma Coalition's website.

See page 7, *What's in it for Our Hospital*, for more information about the recognition opportunities. If you have questions about the recognition process, please feel free to e-mail the coalition at FLAsthmaCoalition@gmail.com.